BIBLIOTHECA MEDICA CANADIANA

PAGING DOCTORS

Messages from a medical journalist

By David Woods

180 pp. hardcover
Foreword by
D. Laurence Wilson, MD
Dean of Medicine
Queen's University

A collection of more than 50 articles, editorials and reviews by the Canadian Medical Association's Director of Publications . . . and culled from CMAJ, *Canadian Family Physician, Maclean's, Quest, The Toronto Star,* etcetera . . . including Medicine and the English language. The medical profession's image, Doctors and the press, Fitter than Thou, Words to give up . . . and interviews with William F. Buckley, Jr., Edwin Newman and Norman Cousins.

"... a witty, scholarly look at the world, mostly at the world of medicine and its practitioners" — Morris Gibson, MD, author of *One Man's Medicine.*

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"... doctors don't have time to return to school for a course in communication. But they do have the time to read this delightful, truthful book" — W. Gifford-Jones, MD, syndicated columnist and author of *The Doctor Game.*

INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated helath library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliogrpahiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

The deadlines for submission of articles to V.6 are as follows:

Les dates limites pour des articles pour pour les envois à paraître:

6:2 August 31, 1984

6:3 November 2, 1984

6:4 January 11, 1985

6:5 March 29, 1985

6:2 31 août 1984

6:3 2 novembre 1984

6:4 11 janvier 1985

6:5 29 mars 1985

FROM THE EDITORS

Two years ago, while the Canadian team reached the summit of Everst, we grappled with producing our fist issue of BMC. In the intervening two years, CHLA has grown and changed. The association's journal has attempted to keep pace.

Beginning with this issue, there will be a section devoted to "News & Notes". By having a separate person specificially responsible for locating newsworthy items such as new publications, upcoming meetings or courses, news about individual members, etc., we hope to provide more information of this type to CHLA members. Brief newsworthy items such as these should be forwarded directly to:

> Ms. Jackie MacDonald
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Articles should continue to be sent to the editorial address noted on "Information for Contributors".

Also, the term of office for BMC editors has been revised - - they will now be appointed in alternate years to allow for training and to provide continuity. Ms. Jan Greenwood (Ontario Medical Association Library) has been appointed as the new Assistant Editor for 1984/85; she will become Editor in July 1985 for a one year term. To establish the cycle, Bonnie Stableford will continrue to assist Jan until next summer.

Before we turn the editorial red pen over to Jan, we owe heartfelt thanks to many people who assisted with BMC. To Marg Craig, Margery Gallinger and Francine Cyr, - - for their dilingent typing and good humour, even after the third draft. To Terry Chernis for her keen eagle's eye as proofreader. And most important of all, to all the authors and contributors who sent articles or news items, allowed themselves to be persuaded to write and helped us meet publishing deadlines.

Like those intrepid Everest mountaineers, we have acquired a few scratches along the way, but are richer for the experience. The continual enthusiasm and encouragement from BMC readers transformed tedious tasks to fun. We feel lucky to have so many of the Association's members as new-found friends!

* * * * * *

Bonita Stableford
Editor

Deborah Baillie
Assistant Editor

LETTERS TO THE EDITORS

From: C. William Fraser,
        Director,
        British Columbia Medical Library
          Service.

        Congratulations to Andras Kirschner (BMC 1984; 5(5): 150-162) who has succeeded in
 '-inventing the Core List for the Small Hospital Library. The list produced certainly
includes some good standard titles although one might feel that it is rather like diagnosis
by computer - lacking in clinical judgement. For instance, would a small hospital not want
something less expensive in immunology than Lachman & Peters at $195.00 U.S. or Samter and
Alexander's 6-year old book at $110.00 U.S.?' And does Mr. Kirschner really want to suggest
that a small hospital choose either Novak's textbook of gynecology or Williams'
Obstetrics?

        My major concern is not so much with the list as it is with Mr. Kirschner's
decision to use the B.C. Medical Library Service's list for review. Ours is the only one
of the nine lists reviewed that is NOT a core list. As Mr. Kirschner very fairly points
out, BCMLS "lists only the most current works [and] is intended primarily as a buying guide
for British Columbia Hospital libraries and as a subject catalogue of some books which may
be borrowed from the College library." For this reason the inclusion on our list of ISBN
numbers, place of publication and second authors would serve no useful purpose. This is a
list prepared for physicians, not for libraries.

        Mr. Kirschner takes us to task for putting an asterisk beside the locally-produced
book Prevention of Nuclear War stating that "this item does not belong to a small hospital
library's core collection". Nobody is suggesting that it does. In the preface to our list
the statement is made that "Starred items might be considered by hospital library committee
chairmen for first purchase". Many of the library committee chairmen using the list are
from hospitals that could not be considered "small", ranging from 150 beds to over 600. In
any case their core collections are already in place. The list exposes them to a wider
range of material available.

*   *   *   *   *

From: Kathy Eagleton,
        Brandon General Hospital Library Services

        I noted with interest the survey of core lists by Andras K. Kirchner entitled
"Selection guide for small hospital libraries" which appeared in BMC v. 5. no. 5, 1984.

        What struck me about the bibliography was that it should be more properly entitled
"Selection guide for small medical libraries", in that it barely touched on topics other
than those of primary interest to physicians; in fact I found only hospitals and nursing
titles.

        In contrast, the Manitoba Health Libraries Association list, "Selected books &
Journals for Manitoba health care facilities", 1981, contains a significant section on
allied health material; because many of our hospitals have personal care homes attached,

another one on long term geriatric care. In these sections, we attempt to cover traditionally neglected areas such as central supply, infection control, disaster planning, governing board, housekeeping, inservice training, occupational and physiotherapy, patient advocacy, etc., etc., even libraries!

Despite what other professions think, hospitals are more than doctors (and nurses), and these team members deserve equal treatment.

MHLA started work on a revision of their list in 1983, but unfortunately had to suspend operations when the editor "left the service". It is hoped that this will be picked up again later this year.

Enquiries should be addressed to Héléne Proteau, Extension Librarian, University of Manitoba Medical Library.

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FROM THE PRESIDENT

David Crawford
President

While travelling to the recent CHLA/ABSC meeting in Toronto, I was flicking through one of the glossy airline magazines, and a cartoon caught my eye. It was a picture of a caveman looking at a large poster showing human evolution and an arrow saying "You are here" pointing to Neolithic Man. Since I was en route to the conference, having just attended the Medical Library Association's meeting in Denver, I immediately saw a parallel between this cartoon and the situation of Canadian health science librarians. Like the cave man we know where we are now and like the cartoonist, we know something of the future.

The future for Canadian health science librarians (or at least a possible future) can be seen in the United States. For better or worse, much of our information and information technology comes from the US and most of the data bases we use are produced there. MEDLINE and its associated files are a daily part of the lives of many of us and we are now seeing terminals in hospital libraries not as something avant garde but as a basic necessity. This trend was evident in the US at least five years before it became apparent here. One advantage of this time-lag is that it enables us to evaluate the success of an idea before we are either able to or allowed to implement it and this has allowed us to avoid rushing headlong into programmes which later prove to have limited value. One successful American programme which has been around for some years and is actively supported by the National Library of Medicine (NLM) is not, however, showing much sign of becoming "Canadianised". This programme is the resource sharing and grant awarding activities of the Regional Medical Library (RML) Program.

Many of the activities of the Regional Medical Libraries are probably not valid in the Canadian context, but the policy of trying to fill inter-library loan requests locally before going to the NLM or the Library of Congress is both time and cost saving. It is patently absurd to send a request to Ottawa from Vancouver (even by electronic mail) and have a photocopy sent back to Vancouver (even by bulk air freight), if the journal in question is held in a library down the street. The problem is in knowing what the library down the street owns and it is at this point that the union list of serials comes into the picture. Union lists were invented in Milan in 1859 and are now a common resource sharing tool for libraries. It is here we see a great difference between the American and the Canadian experiences with union lists of serials for health libraries.

In the United States, the National Biomedical Serials Database is produced by NLM using the SERLINE file as its base and adding to it all serial titles reported by the Regional Medical Libraries and by other health libraries within each region. These titles are reported in the "new" AACR 2, form of entry (what we used to know as "running title") and have full bibliographic descriptions. NLM is now working on a project (DOCLINE) which will allow ILL requests to be routed automatically to the nearest holding library with the minimum of effort. In Canada, we have two union lists of serials, one (the Union List of Scientific Serials in Canadian Libraries) produced by CISTI, the other (the List of Serials in the Social Sciences and Humanities held by Canadian Libraries) produced by the National Library. I am more familiar with the former but both appear to be similar and neither approaches the utility of their US counterpart. For a start, both Canadian lists continue to enter titles by the older cataloguing rules, though the AACR 2 was published in 1978 and was adopted by the National Library shortly afterwards. Since health libraries have traditionally used the now officially mandatory "running title" form of entry

the older corporate entry format may be more confusing to us than to other librarians - it certainly confuses me! The National Biomedical Serials Holding Database lists all titles reported by American health libraries; in Canada, the holdings of a library can be divided between the two union lists depending on whether they are "scientific" or not.

Another major difference is that the National Library of Medicine has assisted libraries in inputting local holdings information through Regional Medical Library Program funding and can easily and quickly produce a list of the titles reported by one library or group of libraries. In fact you can produce such lists yourself by using SERLINE. In Canada, CISTI can produce a listing of titles reported to the ULSSCL; but since these listing are not in the "running title" format commonly used in our libraries and cannot be produced in alphabetical order, they are of little use.

The Board of Directors of C.H.L.A. has become very aware of the need for local union lists in the health field as almost all our Chapters have produced or are producing lists and has become concerned not only by the proliferation of such lists but by the labour and time taken in their production. We are presently formulating a position paper on production and funding of local union lists and on our hopes for some modest programs in resource sharing by radical improvement of the mechanisms for reporting to the national union lists. We think it essential that libraries are encouraged to report their holdings and for them to be able to obtain lists by library or group of libraries at reasonable cost and with reasonable speed as a bi-product of such a national data base. We hope to be able to report some progress on the path from the Neolithic to the Industrial Age (at least as it concerns union lists of serials) during the present year.

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UN MOT DU PRESIDENT

David Crawford

Je me rendais récemment à une réunion de l'ABSC/CHLA à Toronto et je feuilletais un de ces magazines de luxe dans l'avion quand un dessin humoristique a attiré mon attention. Dans le dessin, un homme des cavernes regardait une grande affiche indiquant l'évolution de l'humanité, avec une flèche et les mots "Vous êtes ici" tournés vers l'ère néolithique. Je venais de quitter la réunion de la Medical Library Association à Denver, pour me rendre à la conférence, et j'ai tout de suite vu un lien entre ce dessin et la situation des bibliothécaires des sciences de la santé du Canada. Nous aussi, nous savons où nous sommes et, comme le dessinateur, nous avons une certaine idée de l'avenir.

On peut entrevoir l'avenir des bibliothécaires des sciences de la santé (ou du moins un avenir possible) en regardant du côté des Etats-Unis. Qu'on le veuille ou non, une bonne partie de nos informations et de nos techniques documentaires proviennent des Etats-Unis et la plupart des bases de données dont nous nous servons sont produites dans ce pays. MEDLINE et ses fichiers connexes font partie de notre vie de chaque jour, dans bien des cas, et la présence de terminaux dans les bibliothèques d'hôpital est devenue un besoin élémentaire. Cette situation était manifeste aux Etats-Unis au moins cinq ans avant de s'imposer ici. L'avantage d'un tel décalage est la possibilité d'évaluer le succès d'un concept avant d'être en mesure ou capable de le mettre en pratique, ce qui évite parfois de se lancer dans une voie qui, à la longue, a peu de mérite. Par contre, il existe un programme américain qui, lancé il y a déjà quelques années et appuyé activement par la National Library of Medicine (NLM), ne semble pas prêt à être "canadianisé". Il s'agit du programme de partage des ressources et d'attribution de subventions dénommé Regional Medical Library Program.

Plusieurs activités des "bibliothèques médicales régionales" ne sont probablement pas applicables dans le contexte canadien, mais le souci de répondre aux demandes de prêt entre bibliothèques sur place avant de s'adresser à la NLM ou à la Library of Congress permet des économies de temps et d'argent. Il est tout à fait ridicule d'envoyer une demande de Vancouver à Ottawa (même par courrier électronique) et de faire renvoyer une photocopie à Vancouver (même par poste aérienne en vrac), si la revue en question se trouve dans une bibliothèque toute proche. L'astuce est de savoir quelle bibliothèque toute proche possède la revue souhaitée et c'est dans ce contexte qu'on fait appel aux catalogues collectifs de périodiques. Les catalogues collectifs ont vu le jour à Milan en 1859 et ils sont maintenant un outil fort répandu. Il existe une différence marquée entre les Etats-Unis et le Canada en ce qui concerne les catalogues collectifs de revues dans les bibliothèques de la santé.

Aux Etats-Unis, la National Biomedical Serials Database est établie par la NLM grâce au fichier SERLINE auquel on ajoute tous les titres de revues signalés par les bibliothèques médicales régionales et d'autres bibliothèques de la santé dans chaque région. Ces titres sont signalés dans le cadre de la "nouvelle" présentation AACR 2 (ce qu'on appelait le "titre courant") et ils sont accompagnés de descriptions bibliographiques complètes. La NLM se penche actuellement sur un projet (DOCLINE) qui permettra aux demandes de PEB d'être acheminées automatiquement vers la bibliothèque de dépôt la plus proche avec le minimum d'effort. Au Canada, nous avons deux catalogues collectifs de périodiques, un établi par l'ICIST (Catalogue collectif des publications scientifiques dans les bibliothèques canadiennes), l'autre préparé par la Bibliothèque nationale (Liste collective des publications en série dans le domaine des sciences sociales et humaines dans les bibliothèques canadiennes). Je connais mieux le premier, mais les deux me paraissent semblables et ni l'un ni l'autre n'est aussi utile que la version américaine. En effet,

les deux versions canadiennes continuent d'inscrire les titres en fonction des règles catalographiques précédentes, malgré la publication d'AACR 2 en 1978, que la Bibliothèque nationale adoptait peu après. Puisque, de façon traditionnelle, les bibliothèques de la santé ont recours au mode d'inscription désormais officiel du "titre courant", le régime précédent des notices-collectivités peut nous sembler plus déroutant qu'à d'autres bibliothécaires. Moi, je le trouve certainement déroutant! Pour sa part, la National Biomedical Serials Holding Database énumère tous les titres signalés par les bibliothèques de la santé des Etats-Unis. Au Canada, la collection d'une bibliothèque peut être répartie entre les deux catalogues collectifs selon qu'une revue est jugée "scientifique" ou non.

Il existe une deuxième différence importante. En effet, la National Library of Medicine a aidé les bibliothèques à signaler les collections locales grâce au financement du Regional Medical Library Program, de sorte qu'elle peut facilement et rapidement préparer une liste des titres signalés par une même bibliothèque ou un groupe de bibliothèques. Il est même possible de préparer ce genre de list soi-même grâce a SERLINE. Au Canada, l'ICIST peut produire une liste des titres signalés au CCPSBC, mais puisque ces listes ne font pas appel au "titre courant" utilisé dans nos bibliothèques et ne se prêtent pas à l'ordre alphabétique, elles n'ont que peu d'utilité.

Le Bureau de direction de l'ABSC est bel et bien sensibilisé au besoin de catalogues collectifs locaux dans le domaine de la santé, car presque toutes nos sections préparent ou ont préparé des listes, et il s'inquiète non seulement de la multiplicité de ces listes, mais aussi du temps et de l'énergie qu'il faut pour les produire. Nous sommes en train de rédiger un exposé de position sur l'établissment et le financement des catalogues collectifs locaux et sur les perspectives modestes de progrès quant au partage des ressources grâces à une nette amélioration du mécanisme de signalement aux catalogues collectifs nationaux. Nous estimons qu'il est essentiel que les bibliothèques soient encouragées à signaler leurs collections et qu'elles puissent obtenir des listes par bibliothèque ou par groupe de bilbiothèques à un prix raisonnable et dans un temps raisonnable, grâce à ce genre de fichier national. Nous espérons constater un progrès quelconque dans l'évolution de l'ère néolithique à l'ère industrielle, du moins pour ce qui est des catalogues collectifs de périodiques, au cours de l'année en cours.

* * * * *

HIGH TECH IN HEALTH SCIENCE LIBRARIES: REPORT OF THE CHLA MEETING

Submitted by: Linda Baker
               Publicity Chairperson

The Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada 8th Annual Meeting was held at the Ramada Hotel in Toronto, June 3-6, 1984. The theme of the conference was High Tech in Health Science Libraries.

The conference opened on Sunday, June 2nd with two CE courses: CE 6 Quality Assurance in Hospital Libraries and MLA CE 350 Literature of Allied Health were both well attended. The third CE course CE7/FLIS Microcomputer Workshop was conducted on June 6th at the University of Toronto Faculty of Information and Library Science. This was a truly popular course; seventy people enrolled and a few even had to be turned away. One further attraction of this conference was the Medline workshop held on the same day at the Science and Medicine Library, University of Toronto.

The welcome addresses were given by Barbara Greeniaus and Jan Greenwood. Dr. Sandy Macpherson, Medical Officer of Health, City of Toronto, also welcomed the audience. He spoke about the new technology and admonished the librarians to remember the human element in this age of information services. He stressed that librarians need to become more involved in consumer health education.

The keynote address was delivered by Gene Wilburn, Computer Systems Co-ordinator at the Royal Ontario Museum. Martin Lamb and Keith Thomas, both from the Faculty of Information and Library Science, U. of T., and Gene Wilburn discussed many issues relating to micros, including the fact that the second generation of microcomputers only started in 1982! There are many types of micros on the market, and the following points were brought forth to consider before purchasing one:

- compatibility of the system with other pieces of equipment

- storage capacity

- multiusage of the micro in the library: word processing, accounting, reports

- software should be user friendly

- check on vendor support before buying a micro

- a network should be available, i.e., check and see what other libraries have purchased in case help is needed at your library

- price and special requirements needed for the computer should be looked into before purchasing a micro

- physical environment and staff requirements are important points to consider

Margaret Taylor, Ph.D. candidate (University of Toronto), discussed the uses of Videotex in the health care setting. Videotex can be used as an educational tool for health professionals, health administrators and for the public. Sharon Henry from IDRC stated that their mandate is to help developing countries start and maintain their own databases. She talked about MINISIS, their database and discussed the varied bibliographies they provide and the fact that they have regional offices throughout the world. Ellen Jones, Faculty of Library and Information Science, U. of T., brought us up-to-date on the equipment needed for downloading and the need for flexible software to be able to transfer information from one computer to another. Bob Gardner from the Ontario Legislative Library outlined the many points to consider before purchasing a micro,

including the admonition to retain the old system until the new one is working really well! Word processors were discussed by Thor Prociuk, Computing Services, U. of T. He stated that we would never go back to typewriters once we got used to word processors. George Tkachuk from Bell Canada showed a slide/tape show on Envoy 100.

Joanne Marshall opened the second day of the conference with a talk on the Matheson report, listing the good and bad points of the report. She then discussed the social-managerial roles of the librarian who will have to assume active roles in both leadership and education, as well as marketing the library and its resources. The remainder of the morning session consisted of short talks by Michael Tennehouse, Medical Library, U. of Manitoba, who stated that librarians need to spend time getting to know and "make work" the different off the shelf software programs. David Crawford and Bruna Ceccolini, Life Sciences Area Library, McGill U., and Eva Gulbinowicz, Centre for Forensic Sciences all discussed the different uses for a microcomputer in a library setting. Electronic publishing (issuing of information on electronic bulletin boards) and the need for librarians to get involved in setting up these files was addressed by Irwin Rodin, Canadian Centre for Occupational Health and Safety. Jean Benson finished the morning with a talk about her experiences with DBase II. It is an excellent file for creating files, manipulating and storing, sorting and appending information. She suggested a good book to purchase to learn how to use this file is DBase II User's Guide by Adam Green, published by Prentice-Hall, Canada.

The Annual General Meeting took place in the afternoon.

The banquet held Monday evening at the Royal Canadian Yacht Club was very well attended. The food was excellent and the service fabulous. The entertainers, Cecile O'Connor and Kelly Walker, sang beautifully thus capping off a very pleasant affair. The ferry ride back at 10:30 p.m. was quite jammed!

The exhibitors at the conference included: Academic Press Canada, Boley Ltd., CANEBSCO Subscription Services Ltd., Copp Clark Pitman, Cycom Systems Ltd, Faxon Canada Ltd., who gave away nice canvas briefcases, IPI Publishing, Login Brothers Book Company, McAinsh and Company Ltd., The C.V. Mosby Company Ltd., Readmore Publications and V & L Enterprises. Most had tons of material on micros and software. Lehmann Bookbinding Ltd. provided the registration binders.

The conference was attended by 204 registrants, with 29 more coming for either the banquet or courses. All the provinces were represented, with one registrant from the Northwest Territories. All the sessions ran on time thanks to Carol Morrison and her little bell, drawing people back to the meeting room and Catherine Pepper, who kept the speakers informed of their time limits. The Planning Committee was well co-ordinated by Claire Callaghan with Jan Greenwood as Secretary and Marjorie Morphy as Treasurer.

The rest of the group include Carol Morrison, Facilities Chairperson, Mary Boite, Hospitality and Special Events Chairperson. Linda McFarlane and Sandra Gold shared the responsiblities of the Registration Committee. Catherine Pepper took on the Programme Committee, Beverly Brown the Exhibitors and Sponsors Committee, Mary Conchelos the CHLA Continuing Education Committee, and Lynda Baker the Publicity Committee. Thanks to all who were on the subcommittees and who worked so hard to make this conference as successful as it was.

* * * * *

THE ROLE OF VIDEOTEX IN THE DISSEMINATION OF HEALTH INFORMATION

Margaret P.J. Taylor
Doctoral Candidate,
University of Toronto,
Faculty of Library and Information Science.

Presently on leave from the Children's Hospital of Eastern Ontario, Ottawa, Ontario, as the Director of Library Services.

Videotex is a generic term for a computer-based interactive information technology that is capable of displaying pages of text and graphics on specially adapted television sets. Videotex has also been used to describe a Family of related technologies one of which is teletext - a one-way 'broadcast' information display system. With teletext systems, such as the BBC's Ceefax or ITV's Oracle in Great Britain, the broadcast stations transmit one hundred and fifty to three hundred pages of information using the spare capacity in a normal television channel. Viewers with tele-text converters on their televisions, can 'trap' pages using a special keypad. Because only a limited number of pages can be broadcast, the total amount of information offered to the user is limited and there is also no opportunity for interaction between the user and the database of pages. The main advantage of the teletext system is the cost - it is quite inexpensive in comparison with other mass market interactive computer systems.

Two-way videotex systems allow the user to access a database of information pages directly. With this interactive component, users can use videotex for transactions such as teleshopping, telebanking, games and computer-assisted learning. Much more information is thus available to the user but the cost per transaction is much higher than in teletext systems. Two-way videotex systems can be transmitted over telephone wire, cable TV networks and optical fibre systems.

Telidon is a Canadian designed second generation videotex system with full colour, high resolution graphics. Telidon can operate in both the one-way and two-way modes. The first generation videotex systems were essentially text-based with graphic capabilities added "ingeniously but cumbersomely" later [1]. Telidon, however, is based on techniques commonly employed by computer graphics systems in which clever simplifications were made to permit narrow bandwidth communication media to be used e.g. telephone wires rather than the high bandwidths normally used [1]. Telidon thus features relatively fast and clear graphics and it can also display animated sequences in which only one feature on a page is changed at a time.

There are many other videotex systems world wide such as Prestel (U.K.), Viewtron (U.S.), Captain (Japan), Antiope (France) and Bildschirmtext (West Germany). With any of these videotex systems, the user accesses a computer database of information which is stored in electronic pages in the computer's memory. These pages can be created on special microcomputers and then transferred into the memory. The pages are stored in a 'tree' structure in the computer. To give an idea of what that means, a review of the process of accessing information might be helpful.

When a user logs onto a videotex system, s/he is usually presented with a main index page or a 'menu' page from which s/he must select a topic of interest. Once the selection is made by pressing a number on a keypad corresponding to the menu choice, the system automatically takes the user to the second level of the tree structure where another menu is shown which lists sub-topics of the first choice. Again, when a selection is made, the system takes the user to a third level where either another menu page or an actual information page is displayed. This process of looking at menu pages that are progressively more specific until a document or information is found, is called 'treeing down the database'. It is similar to classifying subjects into smaller and smaller topics until a very specific topic is found or to climbing a tree from the trunk to the main Branch to a smaller branch and finally to a specific leaf. Videotex databases are often called inverted trees.

It is quite difficult to categorize all information in just one location in a tree or database and thus new developments were made in videotex technolgoy to allow users to jump from one branch to another via cross-references which are displayed as options on certain pages or indexes. Other new modes of access include alphabetical subject indexes or keyword indexes which permit the user to find a document without going all the way through the tree structure. Users can also key in a page number for a document if they know it. In the British system, printed copies of the alphabetical and page number indexes are distributed but in Canadian systems, these indexes are usually offered on-line.

The advantages of a videotex system over a conventional interactive information retrieval system are as follows:

1. Videotex uses adapted conventional television sets (rather than special computer terminals) and these are familiar to the consumer and relatively inexpensive.

2. The protocol for using a videotex system (i.e. choosing from menu pages using a keypad) is simple to learn.

3. The telecommunication network needed for transmission of data in videotex systems already exists world-wide.

4. The usage of the system can be expanded in small increments as the database is developed and the information in the system is very easy to update.

5. The system can be linked to other computer communication systems including non-videotex systems using 'gateways'.

The disadvantages of videotex include: eye strain from hours of watching the television screen for textual information; limited amount of information contained in one frame or page due to the limited width of the videotex page (forty columns); duplication of information found in other materials that might be easier to use e.g. airplane timetables; and a sometimes slow and unwieldy tree structure. However, it should be pointed out that new videotex developments are appearing everyday and innovations such as keyword access using boolean logic which exist in some videotex hybrid databases make the technology even more exciting and dynamic.

Computers offer speed of delivery, reliability, large storage capacity and low costs for information retrieval systems. Videotex offers all of these features to a mass market system. In other words, what the computer has done for health professionals and institutions in health information systems, videotex will do for health educators and consumers.

There are five major applications of videotex systems [2]:

1. Information retrieval e.g. access to news, entertainment, sports

2. Transaction e.g. telebanking, teleshopping

3. Computing e.g. calculating mortgage payments using a special program

4. Messaging e.g. using electronic mail to contact other users

5. Telemonitoring e.g. provision of a central monitoring service for fire, theft or medical protection

Videotex is also available for computer-assisted learning. For example, lessons are translated into pages and these pages are organized so that users must answer questions before they can proceed throughout the lesson. Depending on the answers given, the system can ask the user to review certain pages again before proceeding. It is also possible to use videotex systems for automatic appraisal ie.. to record the user's performance on a test and to score it.

Several specific health care roles have been identified for videotex technology [3]:

1. Education for Health Professionals

   Health care workers could utilize a videotex system for continuing education. Presently, health professionals, especially those in remote areas, must rely on correspondence courses, books, journals and sometimes television programs for any continuing education. These methods are often slow and out-of-date and quite expensive if transportation costs are considered. The effectiveness of these methods is also not easily determined in that a system for distributing and marking exams and papers must be employed. A videotex system could easily disseminate standard packages of information across a country to remote areas and major centres alike. This information could be easily kept up-to-date as only pages with outdated information would have to altered. Furthermore, users could access the information at their convenience rather than having to attend a telelecture, for example, and the system could automatically assess the user's performance on tests and lessons.

2. The Management of Health Services Delivery

   In a time of reduced health care funding in Canada, it is appropriate for hospital administrators to want and to have access to large databases of statistical and financial information so that they can plan financial strategies for their institutions. These databases are often only located at government agencies or central hospital associations and thus videotex technology could help distribute access to this information to this group of users. Videotex technology can also provide this data in a more attractive and easily used format such as pie charts and graphs. These systems could also be used to link hospitals in a geographic area for electronic bed registry or for regional poison information centres. Electronic mail service between 'closed user groups' would also help facilitate communication.

3. Education of the Health Care Consumer

The major role for videotex in health care is likely to be disseminating health information to the consumer market. Consumer health information disseminated by other media such as television and radio suffers from several problems. First, it is presented too fast for many users and it is often delivered at an inconvenient time. Secondly, it does not allow flexibility of access routes or levels of expertise in searching for information. It is pitched at the 'average' citizen. Thirdly, it does not allow for user feedback if clarification is necessary. These problems often lead to the information being ignored, missed or misinterpreted. Videotex would, however, allow users to choose the place, pace and time of delivery. It would also allow access by subject category, by alphabetical index and by keyword index, thus handling several different learning and searching approaches.

Videotex could transmit information directly into homes or into doctors' offices or to hospital waiting rooms or to any public place such as libraries. Thus specific programs of information that are constantly repeated for a small group of users can be disseminated to specific places e.g. diabetes patient education packages to a diabetic clinic and general information to libraries and homes. The videotex graphics and animation would be ideal to show consumers the parts of the body or techniques in self-care.

4. Aids to the Disabled and Elderly

Because videotex can reach directly into the home, it can open doors to the handicapped and elderly that never before existed for them. For example, these users can send messages to friends using the electronic mail if they cannot get out to mail letters. They can also do their shopping and banking by using the videotex system. They can have a medical emergency service linked into their videotex terminal and they can find out special information on the system that is pertinent to their own needs e.g. location of wheelchair ramps in the city.

5. Videotex and Telemedicine

One recommended potential use for videotex is to link up with telemedicine facilities. In telemedicine, two-way video connects physicians in large urban teaching hospitals with health care workers and patients in remote sites. If videotex could be linked into this system as well, the doctor and staff at either end could also have access to data for comparison or diagnosis or to enhance images. These service would greatly improve the delivery of health care to remote sites through the provision of additional reference information for medical diagnosis and treatment. They would also help standardize telemedicine across the country [4].

6. Future Applications

A variety of future applications for videotex technology in health care have been suggested [5]:

- upgrading of videotex graphics technology to create, store and transmit photographic images so that ECG's and EKG's and x-rays could be more easily transmitted over distances

- user-definable screen editing to permit zooming in on images, to rotate images, etc, for medical diagnosis

- using videodisc and videotex to store large amounts of information locally to reduce transmission costs

- 3-D coding to allow newer medical imaging techniques such as CAT scans to be transmitted over distances

- automatic generation of videotex pages from text so that books and articles can be quickly added to the database

- more advanced database structure to permit boolean logic and natural language access

- gateways to permit the user to use one search request to search several databases for the same information

These are some potential application or roles for videotex to play in health care. The next section will examine some existing field applications of the technology in health institutions.

Prestel is the name of British Telcom's public videotex service. It was the world's first public service and the only service still to be available on a national basis. Over sixty per cent of British telephone subscribers have access to Prestel's nearly two hundred thousand pages of information [6]. Of these pages, a small proportion deal with health topics - either regulations and acts dealing with health issues; preventive advice on topics such as smoking and cancer; self-medication advice such as when to call your doctor and when to take two aspirin; health concerns such as abortion, euthanasia, etc. There are also a few pages on health professional topics that are available only to 'closed user groups'.

One problem with the use of Prestel for consumer health education has been a very slow development of the market. In 1979, it was predicted that in the 1980's there would be tens of thousands of terminals used but in fact, in 1980, there were only seven thousand sets is use and of these, only twelve per cent were in private homes and only eight were in health institutions. Part of the problem with purchase of videotex sets for health centres was due to restrictions on public spending but in view of the potential savings to the health service from the use of Prestel to promote self-treatment and improved lifestyle behaviour, this restriction has been described as 'short-sighted' [6].

Until the home market picks up or the medical market tries the system, there is a danger that health information will not get the priority it deserves on Prestel. One solution might be to market health information as a general information 'perk' to business customers. Present research into the health pages on public videotex systems in Britain is totally lacking and this is truly unfortunate in that Prestel is one of the few true mass market videotex systems in operation. Other systems such as Telidon are only just being marketed and much of the consumer reaction to the service must still be gained from small field trials.

Private videotex systems designed for closed user groups have been used successfully in the health care field in Britain. In Edinburgh, the Scottish Poison Information Bureau has used a private videotex or viewdata service to handle the large number of drug and poison enquiries from doctors, pharmacists and other health professionals. The switch from a manual system to a videotex system was made to ease storage, retrieval and updating functions of the posing information service [7]. Another private videotex system which was designed for physican use only was developed by a group of medical companies and laboratories. The National School of Medicine Library in Wales

tried providing access to this confidential database for their users - the medical students, staff and local doctors. The database contained pages of information on drug effects, clinical case studies, medical conferences and job vacancies. The librarians found that only medical students made much use of the videotex service and then used mainly the general inforamtion from Prestel rather than the special confidential medical database; however, they planned to increase the publicity about the videotex service to encourage more medical users [8].

In the United States, Knight-Ridder Publishing Company and AT&T have collaborted on a videotex system called Viewtron. An interesting health application of Viewtron is the inclusion in the database of the book How to Take Care of Yourself by Dr. Donald Vickery and J.F. Fries. This books contains linear sequences for determining and treating health problems and with programs that branch depending on the symptoms, the books seems an ideal candidate for a tree structured database [9]. Unfortunately, there has been no reserach yet that looks at consumer use of the book in the Viewtron database.

In Canada, the Canadian Hospital Association has started a very large, private videotex system called the Health Information Network which will eventually link every hospital and hospital association in Canada to a database containing drug information, poison information, medical device alerts, financial information related to health professional salaries and medical costs, etc. [10]. The information providers for this system will be hospital associations, governments and manufacturers. The network will be decentralized with each province having its own host computer containing local and regional health information, However, regional information from one province will be accessible to other provinces. Another feature of this network is that when one provincial computer is 'down', the hospitals in that province can still access the network via the other provincial and the national association computers. A unique feature of this network is that cetain pages of information can be accessed using the Telidon tree structure or by using a traditional ASCII dialogue.

In Ontario, the Hamilton Public Library has made use of Telidon to disseminate consumer health information. A joint project of this library and the McMaster University Health Sciences Library, Clinical Librarian Service, had been to create patient resource guides on popular topics such as arthritis, diabetes, multiple sclerosis, etc. These guides listed local organizations that were related to the disease, and also gave an annotated listing of all relevant material at the Hamilton Public Library. As part of the TV Ontario field trial of Telidon, the Hamilton Public Library decided to include five of these patient resource guides as part of their information pages. Joanne Marshall, from the Clinical Librarian Service at McMaster, created Telidon pages from the guides and included the following information for each disease: a definition, lists of books and articles, relevant courses and organizations. These pages are still available on the IVSTA database run by Bell Canada and can be seen starting on page 666652 [11]. Thus health and public libraries can use videotex systems not only to publicize their own holdings and disseminate health information but also, as we have seen with the National School of Medicine Library in Wales, to supplement their reference services for their users.

Québec also has a videotex network, Telehealth or Télésanté, which disseminates health information to the public via terminals in hospital waiting rooms and clinics. By 1985, Telehealth will also use the interactive channel of the six hundred thousand user cable TV network, Videotron, to reach a much greater audience. Telehealth pages are designed to mimic doctor-patient conversations in a tutorial format. Users of Telehealth should not only learn more about health topics but will also learn problem-solving skills as well. The objective of the Telehealth project are to reduce the anxiety of patients with respect to health, to encourage self-treatment in certain situations and thus relieve the pressure on hospital emergency departments and to reduce the number of false starts made by clients using the health care system for the first time [12].

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ELECTRONIC PUBLISHING

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Let me begin by defining the bounds of what I mean by Electronic Publishing. Electronic publishing is 'the issuing of literature or information in electronic form'. Text! I am talking about the issuing of predominantly textual data.

There is a very immediate association between electronic publishing and libraries. One type of electronic publishing system you are likely to be familiar with is the online search service. These services can be used to obtain information on everything from granny-bashing to a question I was once asked to search, the location of the centre of the universe.

There is another important reason, other than online searching, why libraries are closely associated with electronic publishing. For the sake of bibliographic control and cost reductions, libraries are moving towards placing their document catalogues online. This means that libraries are the producers of online catalogues and an online catalogue contains bibliographic databases, and large ones at that.

Look how these databases are used. Their primary use is within the library, to replace the card catalogue. But they are also used by people outside the library so that they can know whether a book is held by the library and know whether it is presently circulating.

This online catalogue is an example of an electronic publishing system. Libraries are right in the middle of the electronic publishing developments. We have libraries using databases, creating databases, and even creating online retrieval systems that allow these library catalogues to be used. A number of libraries have gone further with their databases and made them available through online service bureaus such as CAN/OLE or BRS. They are collecting royalties on the use of their library catalogue.

Electronic publishing began as a result of the production of printed publications. Computers began to be used for phototypesetting and later on, word processors were introduced to simplify the editing of printed texts. As a result of using computers in the printing process, computer-readable databases were produced as a by-product. I would like to argue that, because of these origins of electronic publishing, the first electronic publications looked very much like printed publications in their formats. If the print publication was a bibliographic index, then the electronic version also looked like a bibliographic index except that it allowed more access points than the printed version.

Most electronic publishing systems, for example an online search service, require two-way communications. That is, you send a command to the computer to indicate what you want it to do and it sends you back information. With this capability of communicating with the computer, you can just as easily send a message to the system instead of a command. If people using the system are permitted to read the message that you typed in, then you can say that your message has been published - it has been made public.

Let me emphasize this point. This is what makes electronic publishing revolutionary. People can express their thoughts to other people using the system. They are contributing to the knowledge-base of the electronic publication; they are the writers.

The editor of an "Electronic Time Magazine" no longer decides the topics that will be covered in the magazine. The readers decide this; and they also decide what will be stated on the topic.

The computer system which allows people to contribute information to the publication is sometimes called a computer-conferencing system, an electronic bulletin board, or an electronic journal. These expressions are used interchangeably.

There are two major electronic bulletin board services in North America, the Source and CompuServe. Both discovered that people want to communicate with each other. Many people sign up to use The Source because it has an electronic news service, but the most heavily utilized parts of the system involve people communicating with each other.

Many electronic publishing systems may have the same capabilities, but look different because they are used in different ways. An example of a creative use of a bulletin board system is one located in California. A grant was received to set up a bulletin board for educators to communicate with each other. A teacher in one school decided to collaborate with a colleague in another school so that the students in two classes were able to communicate, by sending each other messages through the bulletin board. The students dialed into the bulletin board faithfully every day. They would read the messages from the other class, write letters back to the students from the other school and report on their individual and group activities. The students were having tremendous fun communicating with each other and making friends; they created pen-pals across the state. The teachers, as you might have guessed, were using the system to teach composition but they didn't tell the students that.

My point of telling you this story is to point out that electronic publishing systems are flexible. Their use is only limited by the creativity of the people who set them up.

Before I go on to discuss the properties and development of electronic publishing, I want to explain why the organization I work for, the Canadian Centre for Occupational Health and Safety (CCOHS), is interested in electronic publishing. The Canadian Centre provides information and advice free to anyone in Canada about any hazard or potential hazard in the workplace. As you can imagine, demand for our service is increasing each year and we anticipate that, in the future, we will not be able to offer this service to inquirers on a one-to-one basis. Therefore, we are designing an electronic system that would allow people to dial into our computer and have their questions answered.

Much of the knowledge base of occupational health and safety has never been published. Scientists and researchers publish information on workplace hazards but workers seldom do. Therefore, CCOHS is looking for some way to allow workers to communicate with other workers and with researchers. We have not yet designed the system that will allow these people to communicate with each other, but we anticipate using a bulletin board format, with different bulletin boards for different topics.

Imagine workers at the Stelco plant in Hamilton communicating with other steel workers across Canada, discussing hazards they must deal with and how they handle these hazards. This is the kind of information that usually gets passed on to other people only through an apprenticeship program. It will be interesting to see not only what workers and scientists learn from each other but how they will interact.

This is one reason why CCOHS is interested in electronic publishing, but the properties inherent in this type of publishing system will reveal the other reasons why we want to use this medium.

With electronic publishing systems, people can communicate with each other at their convenience. Running a computer conference does not require people to be connected to the computer at the same time. All messages sent to the computer are stored on the system and read at the convenience of the conference attendee. And people can be using the system from any place around the world that has a telephone.

An interesting variation to the computer conference is the computer classroom. The New Jersey Institute of Technology provides computer courses over their electronic publishing system.[1] Students dial into the computer and communicate with each other and with the course instructor. The students taking these courses live throughout North America; in fact, so do the instructors.

Electronic publishing is democratic in nature in that it allows users to add to the information base. I expect that, in a two-way electronic publishing system, people using the system will feel free to comment on the information published by the journal and to comment on the comments of other people using the system. People will stake out all points of view on a dichotomy and clarify an issue. We can expect communities to form around issues of concern to the users of the system. In the area of occupational health and safety, communities will form around the issues like the hazards of visual display terminals, the differential dangers of asbestos, and a host of other controversies.

The democratic nature of electronic publishing systems is expressesd in a way other than by users contributing to the information base. Qube is a cable company in Columbus, Ohio. It operates a two-way cable system which uses a numeric keypad so that cable-TV viewers can send one or more numbers from the keypad to the cable TV company's computer. Using this keypad, viewers can purchase items which are advertised on TV, or they can vote on an issue when the options are presented to them.

During a specially arranged football game, the audience watching the game on television was asked to decide which plays the home team should attempt. Talking about the armchair coach, here we have it for real! The audience was given a few plays to choose from, one of which was "coach's choice". Each play was identified by a number; the computer polled all the connected keypads and gave the pooled selection to the coach for implementation. Perhaps the home team would have lost anyway!

The moral of the story, and this is very important, is that two-way communication systems are not in themselves sufficient. There has to be an experienced and knowledgeable authority in the information-providing process.

A personal interest of mine is the electronic bulletin board. Most electronic bulletin boards reside on microcomputers. These systems are utilized by microcomputer users so that they can communicate with each other, so that they can exchange information on microcomputer hardware and software, and exchange computer programs.

I have described using an electronic bulletin board in a classroom to teach writing skills. They are many other, imaginative ways they have been used. Some people at the University of Michigan have been using it to share information, solve problems and schedule meetings.[2] Nuclear plant operators throughout the United States and in some other countries are using a mainframe computer conferencing system for the exchange of information related to safety and plant licensing.[3] There are bulletin boards residing in microcomputer which are used by gays, and by environmentalists.

There is an interesting computer messaging system for the handicapped.[4] Users of this system can receive textual output or they can obtain computer-generated synthetic speech. The physically handicapped and the elderly can communicate with each other without leaving their home. The loneliness is alleviated.

Along these lines, I would like to quote a comment written in the Whole Earth Software Review. The editorial this comment was taken from discusses the use of communication networks using personal computers.

"One of the subtle advantages (of computer communications that is you appear as a mind to others, not as a fat, flabby forty-year-old or even a Burt Reynolds lookalike. A very liberating environment where you bump into electronically-linked communities of people you didn't know were out there. Where your physical limits or disabilities don't count. (It is)... an indicator of how revolutionary the whole computer thing may turn out to be."[5]

To conclude, it is my opinion that electronic journals, and electronic bulletin boards for the disabled, gays, scientists, and computer hackers are all legitimate variations of publishing systems.

I realize that I have stretched the meaning of the term publishing so that some of you feel uncomfortable with it. I have done this for an important reason. This is what I believe publishing will look like in the future, with readers contributing significantly to the information base which all readers can access, with the feedback capability and the immediacy of response. What is clear from systems which already exist is that people have important things to say and want to say them.

Finally, I could see great benefits to CHLA in utilizing electronic publishing. I would recommend that CHLA consider setting up a bulletin board. Members could exchange information on new books available and recently issued government reports. They could request help in answering a particularly difficult inquiry, arrange meetings, or just maintain contact. Most importantly, you can be at the forefront of developments in electronic publishing. Don't react to these developments; create them!

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THE DEVELOPMENT OF A LIBRARY SLIDE AUTOMATION SYSTEM: THE CENTRE FORENSIC SCIENCES EXPERIENCE

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The Centre of Forensic Sciences is in the process of converting its slide collection from a cumbersome manual system to a computerized one, with the aim of facilitating effective access to a vital collection. The mammoth task of systems development was shared by the librarian and an internal computer wizard.

As background for the development of the slide automation project, I will briefly describe the conditions leading to this decision. Centre activities revolve around three main areas; casework, original research and education. Staff lecture extensively as part of university/college courses in chemistry, medicine, biology, law and criminology. In addition, the Centre teaches courses for pathologists, coroners and other professionals involved with criminal investigation. Consequently, there is a constant reliance on the slide collection to suit the varied interest groups.

Upon arrival at the library, I inherited a chaotic system based on a visual display of slides coded according to an alpha-numeric classification scheme, consisting essentially of numbers and letters selected at random. Access to the collection was by broad category only, such as ARSON; there also was an outdated three-ring binder that served as slide description catalogue. Circulating slides were housed in binders, along with some lecture lists. The slide collection of 5,000 items items was increasing steadily, with a proportionate loss of control. On st f initiative, a decision was made to automate the manual processes in a coherent manner that was compatible with Centre sectional organization and use patterns.

In consultation w ff, the librarian devised a new alpha-numeric classification with codes related to the broad categories represented in the collection, but simple enough for computerization. Subject access, effective circulation control and retrieval, plus slide security were major concerns faced in developing the current system.

Problems connected with hardware/software selection were obviated, since the library is connected to the Centre's Zilog System 8000 Model 21, operating under Unix version 7. M-Vision, which is the full-screen interface to the mistress Relational Database Management System, is the software package employed for date entry/retrieval purposes. It displays information about databases, tables found in Mistress graphically on the terminal screen.

M-Vision is designed for quick and easy access by people with little or no training in database management. All information is laid out in a highly visible manner and a menu is presented with simple, clear instructions. Pre-programmed function keys are used to carry out database operations such as selecting, deleting, inserting, updating, seeing the next record, etc.

```
M-VISION                                              INSERT DISPLAY
┌────────────────────────────────────────────────────────────────┐
│                    Table name : Lib_Slides                       │
│                                                                  │
│   Case_No ████████         Examiner  _____     │
│   Case_Title  _____ │
│   Continue  _____   │
│   Code_No  _____         Colour _____ Medium _____            │
│   No_of_Copies  ___       Identifier  _____                     │
│   Description  _____  │
│   Des1  _____  │
│   Des2  _____  │
│   Des3  _____  │
│                                                                  │
│                                                                  │
│                                                                  │
│                                                                  │
├──────────────────────────────────────────────────────────────── │
│        RETURN .... F1          INSERT ............. F3           │
│        HELP ...... F2.         RESET ALL FIELDS .... F4          │
└────────────────────────────────────────────────────────────────┘
```

Developing a workable M-Vision program for the slide automation project, involved considerble initial effort. An analysis was done of all functions to be performed and all the units of information needed to carry them out. This data must then be translated into programming terminology, within the limitations of the system.

```
M-VISION                                          QUALIFICATION DISPLAY
┌────────────────────────────────────────────────────────────────┐
│                    Table Name : Lib_Slides                       │
│                                                                  │
│      Attribute                        Selection Criteria         │
│                                         =    (    )              │
│                                                                  │
│                                                                  │
│      Case_No ████████                   _    _    _              │
│                                                                  │
│      Examiner  _____   _    _    _              │
│                                                                  │
│      Case_Title  _____        │
│                                                                  │
│      Code_No  _____                    _    _    _              │
│                                                                  │
│      Identifier  _____                 _    _    _              │
│                                                                  │
├──────────────────────────────────────────────────────────────── │
│         RETURN ..... F1        GET RECORDS ....... F3            │
│         HELP ....... F2        CLEAR FIELDS ...... F4            │
└────────────────────────────────────────────────────────────────┘
```

Although the preceding analysis may appear straightforward, it is nevertheless a critical step, as formats must be designed for each specific function, to provide maximum retrieval flexibility. The insert demonstrates the format used for the slide description catalogue and the various fields judged pertinent. Sorts may be done on attributes found in the Qualification Display.

```
M-VISION                                        RETRIEVE DISPLAY
   ┌──────────────────────────────────────────────────────────┐
   │               Table name : Lib_Slides                     │
   │                                                            │
   │  Case_No  ████████        Examiner  L. Powell              │
   │  Case_Title Fabric impression                             │
   │  Continue                                                 │
   │  Code_No HR-1          Colour b&w      Medium             │
   │  No_of_Copies 4          Identifier HRFI                  │
   │  Description Slide of partial license plate 888 on the leg of deceased's │
   │  Des1 trousers, after being hit by a car in a hit & run accident. │
   │  Des2                                                     │
   │  Des3                                                     │
   │                                                            │
   │                                                            │
   │                                                            │
   │         RETURN .....F1          NEXT ..... F3             │
   │         HELP ...... F2                                    │
   └──────────────────────────────────────────────────────────┘
```

Subject access is provided by selecting the appropriate identifier, i.e. the four letter code in the Retrieve Display.

Every subject heading has its own unique identifier, which is entered with each slide on a particular topic, e.g. HRFI standing for Hit and Run Fabric Impressions. The computer can thus retrieve all slides on the topic, printing out their classification numbers. The concerned individual may then go and view these slides displayed on movable racks in a custom designed slide cabinet, or the library staff can use the printout to assemble lecture slide sets.

The Slide Control Table may be used for slide circulation purposes or to keep a record of recurring slide lecture lists.

```
H-VISION                                              RETRIEVE DISPLAY

                        Table Name    Slide_Control

           Name    ▓▓▓▓▓▓▓▓▓▓▓▓

           Date   24 Nov 83

           N1   G5-4          N2  E56-42     N3  X62-6     N4  S3-26

           N5   S3-34         N6  87-24 R    N7  87-78     N8  87-79

           N9   87-80         N10 87-81     N11 87-83     N12 87-86

           N13  87-85         N14 87-112 R  N15 E9-207    N16 87-65

           N17  H6-40 R       N18 H6-43     N19 H6-44     N20 H6-46


                   RETURN .....F1            NEXT ..... F3
                   HELP ...... F2
```

Circulation data may be easily deleted as necessary, or lecture lists quickly revised by the staff.

When fully operational, the system will provide a multifaceted approach to the use and control of the rapidly expanding slide collection. Progress is being made with data entry, despite the seemingly unavoidable computer crashes. Both the Centre and the library staff are eagerly awaiting the project completion scheduled for Fall 1984, when the outdated paper catalogue can be input into the paper shredder.

Special thanks to Mr. Ulf Von Bremen, Head of the Centre's Photography Section for preparing the slides used in this article

*   *   *   *   *

MINUTES OF THE ANNUAL GENERAL MEETING

Submitted by: Sandra Langlands
                Secretary, CHLA/ABSC

        The eighth Annual General Meeting of the CHLA/ABSC was held in Toronto on
June 5, 1984. Approximately 70 members were in attendance.

        President Barbara Greeniaus opened the meeting with thanks and compliments to
Conference Chair, Claire Callaghan. Praise and thanks were also extended to Lynda Baker,
Mary Boite, Bev Brown, Mary Conchelos, Sandra Gold, Jan Greenwood, Marjory Morphy and
Catherine Pepper for the organization of a successful conference. The registration for the
conference was the largest of any CHLA/ABSC conference to date and included representatives
from every province and the North West Territories. A breakdown of the turnout was given:
33 from the West, 33 from Québec and the Maritimes, 1 from N.W.T., 143 from Ontario and 3
from the United States for a total of 213.

        The President highlighted the accomplishments of the Board of Directors during
1983/84. An Executive Manual was created; terms of reference were written for the Annual
Conference Planning Committee; guidelines for other CHLA/ABSC committees were drafted along
with an application for funding assistance and criteria for Honorary Life Membership and
the Award for Outstanding Achievement were prepared. An agreement with the Osler Library
was entered into for the housing of the Association's archives; the BMC was enlarged and
improved; CANHEALTH was a regular supplement to the BMC. The new chapters, the South
Alberta Health Libraries Association and the Montréal Health Libraries Association, were
welcomed into CHLA/ABSC. Special thanks were extended to Debbie Ballie who is stepping
down as coeditor of the BMC.

        The President also extended congratulations to present and former Board members who
were busy this year giving birth.

        The Secretary read the report of the Annual General Meeting held in Winnipeg on
June 15, 1983 (MSC : S. Langlands, S. Murray). There was one item of business arising
from the minutes. B. Greniaus reported that she and A. Kerr, Special Resource Committee on
Medical School Libraries of the Association of Canadian Medical Colleges, are preparing a
report on the Health Sciences Resource Centre, CISTI. Their report will be presented to
both the CHLA/ABSC Board and the Special Resources Committee in October 1984.

        The Treasurer's Interim Financial Statement, June 1, 1983 - April 30, 1984 was
read. The balance was $29,378.34, of which a $20,000.00 grant from CIDA will be passed on
to the IDRC to support the attendance of third world librarians at the 5th International
Conference on Medical Librarianship (MSC : B. Flower, A. Manning).

        Committee Chairs J. Marshall, M. Conchelos and A. Manning, for Consumer Health,
Education, and Nominations/Elections respectively, gave reports which will be published in
later issues of the BMC. A. Manning reported that Diana Kent is our incoming
President-Elect and Linda Harvey is our newest Director.

*   MSC = Moved, seconded, carried.

D. Crawford, Membership Chair, reported that there are now 326 CHLA/ABSC members. He also appealed to all members to renew their memberships for 1984/85 as soon as possible to decrease the expense of mailing renewal notices (MSC : D. Crawford, M. Schafer). T. Flemming asked that, in future, CHLA/ABSC membership renewal forms include the note "Those who have previously paid should ignore this notice."

MLA Liaison D. Crawford reported that this position will now be filled automatically by the President-Elect. Negotiations are continuing with MLA to waive the MLA conference registration fee for our representative. Presently, our liaison must pay MLA conference registration fees if s/he is an MLA member. MLA representatives to the CHLA/ABSC are not required to pay registration fees for the CHLA/ABSC conference (MSC : D. Crawford, B. Maes).

BMC Editor, B. Stableford gave a report on behalf of herself and D. Baillie (MSC : B. Stableford, M. Taylor). D. Crawford indicated that he and B. Flower would appreciate comments/criticism/praise on CANHEALTH as soon as possible. A final version of the here-to-fore serial publication is now in preparation for distribution in late 1984 or early 1985. Members' comments will aid in the editing of that volume.

Two new chapters were officially welcomed to CHLA/ABSC. Incoming chapter presidents A. Greenberg, Montreal Health Libraries Association, and B. Maes, South Alberta Health Libraries Association, were on hand to report on chapter activities planned for the coming year. Summaries of the reports of other chapters were given. All will be, or have been, published in the BMC.

B. Greeniaus noted that the Board had discussed visits to chapters at length and had agreed that where invitations from chapters are forthcoming every effort will be made for the closest Board member to attend a chapter meeting.

The President asked for a member of the Windsor chapter to come forward with information about that chapter. It has not been heard from since the last AGM and has some chapter obligations, as outlined in the Bylaws, to fulfil. B. Flower suggested that Anna Henshaw of the Grace Hospital be contacted for further information.

C. Callaghan, on behalf of D. Fitzgerald, Chair, HSRC Advisory Committee for 1984/85, read the report of the Committee which will be reproduced in the BMC (MSC : C. Callaghan, S. Murray). It was suggested that either the agenda of HSRC Advisory Committee meetings be published in the BMC or that a call for agenda items be made in advance of committee meetings to permit the CHLA/ABSC membership to have input.

M. Schafer, Head, HSRC, reported the names of new staff members, reminded us of the 1984 edition of Canadian Locations of Journals Indexed for Medline and the 1984 Union List of Scientific Serials, and indicated that Health Sciences Information in Canada: Associations will be ready in the fall. She also mentioned that Jean MacGregor, Head, Document Delivery, CISTI is now compiling statistics on hospital ILL borrowing. Libraries wishing a separate listing of their holdings as recorded in the Union List of Scientific Serials must, in future, direct their requests to the National Library Systems Centre.

The 1985 Conference Chair, Judy Flax, was introduced. She encouraged members to come to Calgary next year. We were assured that plans for our enjoyment are already underway.

F. Groen, CHLA/ABSC Representative to the International Organizing Committee for the 5th International Congress on Medical Librarianship (ICML), explained that on CHLA/ABSC's behalf she had successfully sought funding to support the attendance of third world librarians at ICML in Tokyo, September 1985. She also told us about the conference program and asked how many had submitted papers.

D. Dolan reported on the activities of the Health and Welfare Canada Libraries in the past year. Her report will be published in the BMC. It was suggested that where possible D. Dolan make known appropriate publications of her department through BMC.

The President thanked outgoing Board members A. Manning, Past-President and S. Langlands, Secretary. The chair was transferred to incoming President, D. Crawford who thanked B. Greeniaus for her hard work in 1983/84.

The meeting adjourned at 3:30 pm.

*   *   *   *   *

CRAC - CHIROPRACTIC RESEARCH ARCHIVES COLLECTION

J. Claire Callaghan
Director of Library Services,
Canadian Memorial Chiropractic College

As some of you may recall, I first described the beginning of CRAC and its database in BMC 1983;4(4):78-79. Well, CRAC is now a reality! 2,500 copies of volume 1 rolled off the University of Toronto Press on June 12, 1984.

CRAC is the only bibliographic tool that contains an extensive collection of abstracts from chiropractic, osteopathic and the health sciences literature dealing with manipulation. Every article represents a noteworthy contribution to the collective consciousness of modern chiropractic and the manipulative sciences.

It is arranged in three parts - ABSTRACTS SECTION, SUBJECT INDEX and AUTHOR INDEX - to provide for efficient access to the information. A chiropractic thesaurus of 88 terms is included to supplement the MeSH headings. A list of monographs and journals not found in Index Medicus is included for further reference.

CRAC will be an annual cumulation of research-oriented references dealing with the manipulative sciences. It provides the means to keep abreast of the most recent developments in research related to chiropractic.

All of the data is on magnetic tape and it is anticipated that, within the next year, CRAC will be made available online ... we'll keep you posted as those plans are finalized.

There is one copy available on interlibrary loan for those who do not wish to order "sight unseen". Those interested in learning more about the specifics, please contact me at the C.C. Clemmer Library, 1900 Bayview Avenue, Toronto, Ontario M4G 3E6 (416) 482-2340 Ext. 159.

COMPTE-RENDU DE LA JOURNÉE D'ÉTUDE DU GROUPE D'INTÉRÊT DES BIBLIOTHÈQUES DE LA SANTÉ DE L'ASTED

Louise Deschamps
Présidente,
Groupe d'intérêt des bibliothèques
  de la santé de l'Asted

Le 11 mai dernier, le groupe d'intérêt des bibliothèques de la santé a organisé une journée d'étude à l'intention de ses membres. Afin que tous puissent profiter des informations qui y ont été véhiculées, j'aimerais vous décrire les points saillants de cette journée d'étude.

L'avant-midi se déroulait sous le signe de la loi 65 et de la gestion documentaires. Madame Marie-Claude Lauzanne, avocate à la commission d'accès à l'information, nous a décrit la loi 65 (loi sur l'accès aux documents des organismes publics et sur la protection des renseignements personnels) et nous a distribué un calendrier d'application de cette loi.

La loi 65, son nom l'indique, rend accessible presque tous les documents des organismes publics. Elle a été adoptée à l'Assemblée nationale le 22 juin 1982 mais c'est à partir du 1er juillet 1984 que les citoyens pourront avoir accès à ces documents; de plus, les organismes ont jusqu'au 1er janvier 1986 pour classer leurs documents accessibles.

La loi 65 est une loi lourde de conséquences. A la fin de l'exposé de maître Lauzanne, les participants ont réalisé que les bibliothèques médicales pourraient être fortement impliquées dans le processus d'application de cette loi. Les questions suivantes ont alors été soulevées:

1. Les bibliothécaires ou les techniciens en documentation doivent-ils s'impliquer directement face à cette loi?

2. Doivent-ils entreprendre les démarches nécessaires auprès de leur direction afin de prendre en main le classement des documents qui deviendront accessibles?

Face à ces interrogations, aucune suggestion précise n'a été apportée. Il en revient à chacun de trouver la solution à son problème. Mais un fait demeure certain, le personnel de la bibliothèque ne doit pas faire la sourde oreille devant un fait de cet envergure.

De l'application de la loi 65 découle la nécessité d'une saine gestion documentaire. Monsieur Yvon Papillon, bibliothécaire en chef du service de la documentation du Ministère des affaires sociales, est donc venu nous entretenir sur ce sujet. Il nous a expliqué et décrit, non sans un certain humour, les étapes nécessaires à franchir pour obtenir ou mettre sur pied un système efficace de gestion documentaire. Il nous a également fait prendre conscience que ce ne sont pas tous les documents d'une compagnie ou d'un organisme que doivent être conservés et traités; en effet, certaines normes et certains critères ont été établis afin de juger de la pertinence des documents que seront classés. En conséquence, si les documents sont "bien gérés" ils deviennent facilement repérables et accessibles.

Le sujet abordé durant l'après-midi se voulait fort différent puisque nous nous sommes renseignés sur les réseaux de bibliothèques présentement sur pied dans le Québec. Nous avons voulu étudié ce thème afin de permettre à des bibliothèques de "moindre importance" non affiliées à une université et éloignées des grands centres ou des autres bibliothèques, de prendre connaissance des moyens qui peuvent être à leur disposition pour les aider à mieux servir leur clientèle.

D'abord, madame Danielle Coudé, de l'institut Roland-Saucier à Chicoutimi, est venue nous entretenir du réseau que les différentes bibliothèques médicales de cette région ont mis sur pied. Ensuite ce fut le tour de madame Lizette Germain pour la région de Québec; celle-ci a d'ailleurs profité de l'occasion pour nous présenter la nouvelle édition du catalogue collectif des périodiques qui se trouvent dans les hôpitaux de cette région.

Madame Maryse Boyer a donné un bref aperçu des buts et objectifs de l'Absaum (association des bibliothèques de la santé affiliées à l'université de Montréal) et madame Hanna Waluzyniec nous a parlé du réseau qui regroupe les bibliothèques médicales affiliées à l'université McGill. Enfin, monsieur André-Paul Racine nous a expliqué, et c'était nouveau pour la plupart d'entre nous, comment étaient organisées les bibliothèques de la région de Hull/Ottawa.

5TH INTERNATIONAL CONGRESS ON MEDICAL LIBRARIANSHIP

The IFLA Section of Biological and Medical Sciences Libraries has arranged for a package tour from the United States to Tokyo, with a post-Congress tour of China. The tour will cost approximately $3,688 and will include air fare from Chicago to Tokyo, Tokyo to Beijing, all China transportation, and return flight from Hong Kong to Chicago. Other departure points will be available and the final tour cost will vary depending on location. The tour includes all hotel accomodations in Tokyo, China, and Hong Kong, and includes daily American breakfast in Tokyo, all meals in China, American breakfast in Hong Kong and a special farewell dinner. The tour will depart on September 27, 1985. The China tour will take ten days and will cover the cities of Beijing, Xian, Shanghai, Guilin, and Guangzhou. There will be two full days in Hong Kong for shopping and sightseeing. The China portion of the tour will include visits to medical facilities and libraries as well as sightseeing. Tour arrangements are still being completed, and the tour brochure will be available at the May MLA meeting. It will also be possible for interested persons to join the China tour in Tokyo, purchasing only the Tokyo-China-Hong Kong portion at a cost of $2,377. The tour will return to the US on October 18, 1985. Please note that the round trip fare including hotel accomodation in Tokyo and breakfasts for a price of approximately $1,300 is a real bargain. It may also be possible to purchase just the US-Tokyo-US portion of the travel package, and details will be available in Denver.

Please remember that 1984 is the time to plan your participation in the 5ICML, and the closing dates for the special tour package will probably be November 1984, due to the need for advance planning of the China portion of the trip.

With regard to the CE courses on September 30, 1985, MLA will plan to provide the following services:

(1) MeSH and NLM classification
(2) MEDLINE and Index Medicus for the health sciences librarian
(3) drug and pharmaceutical information resources
(4) planning and management of basic health libraries
(5) biomedical materials - selection, acquisition and management

As a fundamental rule, every course will begin at 9:00 a.m. and close at 5:00 p.m. and each course will be subject to a minimum number of 15 persons and a maximum of 30. Courses comprising of less than 15 persons will not be held. On the other hand, in the case of a course comprising of more than 30 participants, some of those concerned might be transferred to other courses. The outline of CE courses is to be printed in the registration form for participants requesting them.

OTTAWA/HULL HEALTH LIBRARIES GROUP - LE GROUPE DES BIBLIOTHEQUES DE LA SANTE D'OTTAWA/HULL

Submitted by: Margo Beres Hawley,
               President

1983/84 Executive

President: Margo Beres Hawley, Children's Hospital of Eastern Ontario
Vice-President: Vacant
Secretary: Marilyn Schafer and staff, Health Sciences Resource Centre, CISTI

Past President: Doris Foster, Health and Welfare Canada - Health Protection Libraries.

Highlights of the year

The Ottawa/Hull Health Libraries Group held five meetings in 1983/84:

1. September 15, 1983, Children's Hospital of Eastern Ontario. Business meeting followed by a guest speaker, Edward Dowse, from the Policy Planning and Systems Division, CISTI. Topic: Microcomputer applications in libraries.

2. November 17, 1983, Health and Welfare Canada. Business meeting followed by a guest speaker, Cora Craig, Technical Director of the Canada Fitness Survey. Topic: The Canada Fitness Survey.

3. January 19, 1984, International Development Research Centre. Business meeting followed by a tour of the Centre's library, conducted by Margo Monteith, Public Services Department, International Development Research Centre Library.

4. March 29, 1984, Children's Hospital of Eastern Ontario. Business Meeting. Guest speaker: David Crawford, incoming President of the Canadian Health Libraries Association. Topic: C.H.L.A and its chapters. General discussion followed.

5. May 17, 1984, Canada Institute for Scientific and Technical Information. Social Meeting. Revision of constitution and introduction of Executive for 1984/85.

   1983/84 has been a difficult year for us in terms of finding candidates for executive positions, and deciding on present and future directions for the group. The very existence and continuation of the chapter came under question several times. Fortunately, thanks to the conviction of most members that there was a purpose for our association, and a visit from C.H.L.A.'s incoming President, the decision has been made to continue, although on a smaller scale.

        We will now have only three meetings a year instead of the previous five. Two of these three will be program meetings, and one a social meeting. We have also revised the nature of the executive, and in light of the transitions we have updated our constitution to reflect the new realities. We hope that the new arrangements will prove satisfactory and we look forward to a rewarding year ahead.

The Executive for 1984/85 will consist of:

President: Merle McConnell, Health and Welfare Canada - Health Protection Libraries
Secretary-Treasurer/President-Elect: Elizabeth Hawkins Brady, Canadian Nurses Association
Chairman, Program Committee: Philip Allan, National Defence Medical Centre.

MANITOBA HEALTH LIBRARIES ASSOCIATION

Submitted by: Sharon Allentuck,
                President

        M.H.L.A. had quite a productive year and I would like to thank the executive and
committee chairpersons for their hard work and for making my job easier.

        To highlight some of the activities of the last 12 months:

        We had two excellent programs at our general meetings. The meeting in Brandon
"Being Sick in Westman" was very interesting especially for those of us from Winnipeg. I
was plesed that so many Winnipegers attended. The February meeting at the Victoria General
Hospital was also quite well attended and the head of pharmacy there spoke about "Pharmacy
based Drug Information Services".

        Once again we participated in the MHO Conference which took place in April. Dallas
Bagby and her committee provided us with an excellent program. Helen Bagdoyan from
Georgetown University's Dahlgreen Medical Library accepted our invitation to speak about
the Matheson Report and Georgetown's project development as a result of this report. Her
topic was "Developing Tomorrow's Library today".

        We now have a permanent mailing address. It is Box 232, Station C, Winnipeg,
R3M 3S7.

        The A-V Interest Group is now a standing committee.

        A new brochure has been printed and will be distributed in the fall.

        The Union Book Catalogue has been moved from St. Boniface Medical Library to the
University of Manitoba Medical Library.

        I was delighted that the Nominations Committee was able to recruit 3 people to run
for each of the vacant positions on the executive. I would like to congratulate the
winners and thank everyone for participating.

        The University of Manitoba Medical Library has agreed to house the MHLA archives.
I have volunteered to organize them and hope to do this work during the summer.

        I attended 3 CHLA Board meetings as your president and gave reports at each of
these meetings on our activities.

        I have enjoyed my year as president of MHLA and I would like to thank the
membership for your support and encouragement.

Submitted by: Daphne Dolan
                Departmental Librarian

        This report from Health and Welfare follows the practice set last year when I reported on the activities of the Libraries of the Department and of the Department itself.

        On January 9, 1984, we catalogued our first book on DOBIS. All staff has been trained and productivity has improved. Our plans for reconversion of records that are in the card catalogue and in the batch-generated book catalogue will depend on special funds. To date. that has not been decided. In January, the National Library of Canada announced the availability of DOBIS for search-only access across the country. This new service will make all the collections of DOBIS member libraries available to you online.

        The Health and Welfare Libraries are interested in an integrated library system using a minicomputer; in 1983/84, we put out a request for proposal (RFP) and examined the proposals of several consultants. The inadequacy of the proposals has caused us to change our plans, but the libraries are still intending to go that route.

        In the area of collections management, the Departmental Library has continued its purchasing of compact shelving and has now made provision for three years growth. The Health Services and Promotion Library (HS&P) will be moving from one floor to another in the same building this fall. Any disruption in service will be communicated through BMC.

        Health Protection Branch Libraries are gathering a retrospective collection on International Pharmacopeias for as many years as possible. These will be housed in the Departmental Library's secondary shelving area.

        The appointment of Atsuko Cooke to the position on Manager of Collection Organization and Document Delivery took place in November, 1983. The competition for the Manager of Information Services position in being held at the present time.

        The year has also been one of studies: Health Protection Branch completed a user study, and the Departmental Library has done turnaround time studies and the RFP for systems. We would be pleased to share our methodology or experience gained in the process.

        The Department has been in the news all year because of the Canada Health Act. Officials were involved in discussions with the provinces, the health associations and the progress of the legislation through Parliament. The Act was passed on April 19, 1984, and goes into effect July 1, 1984. But there have been a number of other developments which affect health information specialists.

        On May 16, Monique Bégin announced the progress of the Expert Advisory Committee on the management of severe pain using Heroin; the Committee expects to have completed its preliminary report by the fall. There will then be clinical trials for 12 to 18 months which will report Canadian experience with Heroin and the findings will be incorporated in the final report to be distributed to all physicians. In June, the Standing Committee on Health, Welfare and Social Affairs of the House of Commons will being public hearings on the therapeutic use of Heroin for cancer patients.

The Clearinghouse on Family Violence has been operating for two years and on April 18 the government announced an expanded program to help victims of crimes. In Health and Welfare, the Clearinghouse will receive $500,000 a year for three years to continue its work, and the Mental Health Unit of H.S. & P. will receive $200,000 a year for three years to do more research into the psychological and health problems. The Ministry of the Solicitor General will establish a victims resource centre for the collection and communication of detailed information to the public victims and a wide variety of professionals.

The Department of Justice will develop legal education materials, and all three departments will participate in the Federal/Provincial Working Group on Victims of Crime. I have names of contact people if you are interested.

Two recently published reports by task forces appointed by the Minister are:

Reproductive Health: Activities and concerns of a Health and Welfare Task Force
on reproductive health,

Report of the Federal Task Force on high risk pregnancies and prenatal record systems,

Another noteworthy report is entitled: Alcohol in Canada - A national perspective
by a Working Group on Alcohol Statistics.

The Information Service on Hospital Infection in the Laboratory Centre for Disease Control, HPB, serves hospitals around the country and is now in full operation.

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EDUCATION COMMITTEE REPORT

Submitted by: Mary Conchelos

Membership

Members for 1983-84 were: Kay Beacock, Mary Conchelos, Jan Greenwood, Sandra Langlands, Geoffrey Pendrill, Elizabeth Reid, and Margie Taylor. Dale Nelson joined the committee but resigned in February and has not been replaced. The majority of members have served their two-year term; a new committee is being formed. Names have been put forward for consideration by the Board. A call for members was placed in the latest issue of BMC.

Meetings

The committee met eight times from August 1983 to May 1984.

Activities

1. Continuing education. An ambitious CE program was planned this year. Three courses, including two CHLA courses, were organized for the conference.

   CE 6 - Quality Assurance in Hospital Libraries was developed and is being coordinated by Elizabeth Reid. Four other CHLA members are involved in teaching the afternoon session.

   CE 7 - Microcomputer Workshop - is being co-sponsored by and held at the Faculty of Library and Information Science, University of Toronto. Lynne Howarth, the convenor, has brought together a good team of instructors to cover various aspects of microcomputers. The course will receive MLA credit.

   MLA CE 350 - Literature of Allied Health will be taught by Tom Kosman, and promises to be a lively and interesting course.

2. MLA CE 626 follow-up

   A questionnnaire was sent to all those who had participated in CE 626 in Winnipeg, to determine their specific interests in teaching and/or developing future CHLA courses. The response has been very promising. An appeal was also made to members as a whole to inform the Education Committee if interested in teaching or course development.

3. Conference Continuing Education Committee terms of reference. These have been circulated to Board members. The purpose of creating a separate subcommittee is to leave the Education Committee free to spend more time on long-term planning, especially on course development. We felt the Education Committee's role vis-a-vis CE should be more of a directional one rather than administrative. The reporting structure of the subcommittee reflects our concern that CE stay as much involved with Education as with Conference Planning.

I would like to thank the members of the Education Committee for all their invaluable help and hard work. Special thanks should perhaps go to Elizabeth Reid for taking responsibility for developing and administering CE 6.

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REPORT OF THE EDITORS, BIBLIOTHECA MEDICA CANADIANA
   JULY 1983 - JUNE 1984

Submitted by: Bonita Stableford, Editor
               Deborah Baillie, Assistant Editor

A. Publishing Activity

	Pages	Feature Articles	Comments
v.5 #1	37	5	1983 Conference
v.5 #2	37	4	Papers
v.5 #3	35	7	Theme: Drug
v.5 #4	33	5	Information
v.5 #5	40	4	Annual Reports

Total pages published: 182
The last five installments of CANHEALTH were published in v.5, as
an insert.

B. Terms of Reference, BMC Editors

    A change to a two-year appointment with alternating starting years was proposed and
    approved in principle at the Winter Board Meeting, February 1984.

    The revised Terms of Reference follow:

    CHLA Executive Manual

    3.3 Editor, Bibliotheca Medica Canadiana
    The Editor and Assistant Editor are appointed by the Board from among the general
    membership.

    Appointments are made for a two-year period. The appointee serves as Assistant Editor
    during the first year, as a training period, and becomes Editor in the second year of
    appointment.

    If necessary, the Editor may wish to select additional assistants for specific
    functions e.g. to coordinate news items, etc.

    If possible, the Editor and Assistant Editor together should have proficiency in both
    English and French.

C. New Editor

    Subject to the Board's approval, Ms. Jan Greenwood, Ontario Medical Association has
    agreed to become Assistant Editor for a one-year period, July 1984 - June 1985 and
    Editor for the period July 1985 - June 1986. B. Stableford will continue as Editor
    until June 1985, so that alternating terms may begin.

D. Newsletter

Following the Board's decision at the Midwinter Meeting 1984, a separate news section in BMC will be published in volume #6.

E. BMC Publishing Schedule 1984/85

	Article Deadline	To printer	To Mail
v.6 #1	29 June 84	20 July	3 August
v.6 #2	31 August	21 September	5 October
v.6 #3	2 November	23 November	30 November
v.6 #4	11 January 85	1 February	15 February
v.6 #5	29 March	19 April	3 May

* * * * *

NEWS & NOTES

TWO NEW CHAPTERS FORMED

At the recent Annual Meeting, two new groups were officially recognized as CHLA chapters. These are:

Montreal Health Libraries Association
President - Arlene Greenberg

South Alberta Health Libraries Association
President - Bill Maes

Welcome and best wishes to these new chapters and their members. BMC looks forward to hearing from you in the future!

NEW HSRC ADVISORY COMMITTEE MEMBER

Dr. Anitra Laycock who has just been appointed to the HSRC Advisory Committee for a year term. Anitra is the Health Sciences Librarian at the Halifax Infirmary.

She replaces Kathy Eagleton (Brandon General Hospital). Other CHLA representatives on the Committee are:

Claire Callaghan
Dorothy Fitzgerald

CONTINUING EDUCATION

WHAT: Hospital Libraries Workshop

SPONSORED BY: Nova Scotia Health Libraries Association

WHEN: Friday, 17 August, 1984; 9:00 AM - 5:00 PM

WHERE: Dr. Carl Trask Memorial Library
                Saint John Regional Hospital
                Saint John, N.B.

        At a winter meeting of the Nova Scotia Health Libraries Association (NSHLA) we
discussed the possibility of having a programme which could involve more than just the
Halifax-Dartmouth members. Ann Barrett, Librarian at the Saint John Regional Hospital was
approached, and has enthusiastically agreed to host a one-day meeting for hospital library
personnel from the three provinces. If you can attend, please complete the attached
registration form. There will be no registration fee, but lunch and overnight
accommodation, if required, will be your responsibility. Please contact:

Ann Barrett, Dr. Carl Trask Library, Saint John Regional Hospital, P.O. Box 2100,
Saint John, New Brunswick, E2L 4L2.

PROGRAMME: (Subject to Some Change)

 9:00 - 9:15   Welcome   Ann Barrett;
                                                    Lawrence R. Gallant, Director,
                                                      Human Resources, S.J.R.H.

 9:15 - 10:00 Interlibrary Loans (New techniques -
                  ENVOY, CAN/DOC, etc.)

10:00 - 10:30 COFFEE

10:30 - 11:15 Online Services   Hospital and/or University Librarian

11:15 - 12:15 Cataloguing, Serials (Experience   Eugene Pelchat, Kellogg Library
  with UTLAS, Serials Lists, Union
  List for N.S. Hospitals?)

12:15 - 1:30   LUNCH - Hospital Cafeteria

1:30 - 2:00   Circuit Rider Concept (Description of Ann Manning/Circuit Rider Incumbent
  Annapolis Valley Hospitals shared
  librarian concept)

2:00 - 2:30   Job Classification   Discussion, moderated by Ann Barrett

2:30 - 3:00   Canadian Health Libraries Association Description by those present who
(CHLA) Conference   attended CHLA

3:00 - 3:30   COFFEE

3:30 - 4:00   NSHLA (Future of the Chapter; how to   Discussion, moderated by Ann Manning
  serve a broader area; change of
  name?)

4:00 - 5:00   Open discussion of problems, ideas   All participants

                        *   *   *   *   *

The 1985 meeting of IFLA will take place in Chicago from August 18-24, 1985. The Section of Biological and Medical Sciences Libraries will have a full program which is being planned in conjunction with the Medical Library Association. The Division of Special Libraries will have a program and social event planned in conjunction with the Illinois Chapter of the Special Libraries Association. The meeting will provide a unique opportunity for many American librarians to attend an IFLA conference, and it is unlikely that there will be another IFLA conference in North America in the near future. The Local Arrangements Committee is being chaired by Commissioner Amanda Rudd of the Chicago Public Library, and the Conference Program Committee is chaired by Irwin H. Pizer, MLA's representative to IFLA.

For more information, contact:

> Commissioner Amanda Rudd,
> Chicago Public Library,
> 425 North Michigan Avenue,
> Chicago, Illinois 60611
> U.S.A.

* * * * *

TORONTO UNION LIST PUBLISHED

Toronto Health Libraries Association: Union List of Periodicals, edited by Susan M. Murray, 4th ed., 1984 has recently been published. This replaces the 3rd ed., 1979 Toronto Medical Libraries Group: A Union List of Periodicals Currently Received in Cooperating Health Sciences Libraries in Toronto and Vicinity.

The major change in this edition from previous editions is that it contains both current and retrospective holdings of the cooperating libraries. Entries are arranged alphabetically by title at time of publication with Index Medicus as the preferred format.

Periodical holdings of 52 cooperating libraries are represented in this union list; the cut-off date for reporting of data was April, 1983. With the exception of Dentistry, Pharmacy and Pathology (Banting) libraries, the University of Toronto libraries are not reported in this list. The union list database is managed using the MISTRESS database management system running under UNIX on a PDP 11/50 computer.

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